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FEB 27 2004

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Toyce E. Southern

(Depositor's name)

(Signature)

(Date)

2/27/04

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/638,485	08/14/2000	Charles J. Jacobus	IMM-00607/03	1266

TITLE OF INVENTION: FORCE FEEDBACK SYSTEM AND ACTUATOR POWER MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMITH, TYRONE W	2837	318-568110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Stockton LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Immersion Corporation

San Jose, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 16-1435 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

John C. Alemanni

2/27/04

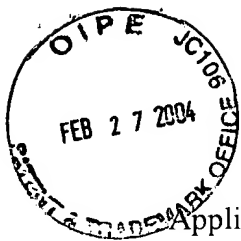
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/03/2004 SFELEKE2 00000219 09638485

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jacobus, Charles J. et al.
Serial No. : 09/638,485
Filing Date : August 14, 2000
For : Force Feedback System And Actuator Power Management
Examiner : Smith Tyrone W.
Art Unit : 2837

Mail Stop: Issue Fee
Commissioner for Patents
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Alexandria, VA 22313-1450

PAYMENT OF ISSUE FEE

Sir:

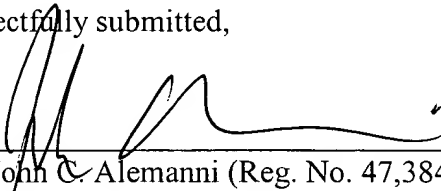
In response to the Notice of Allowance and Issue Fee Due mailed December 1, 2003, Form PTOL-85 and a check in the amount of \$1345.00 (Issue/Copy Fees) are submitted herewith.

Kindly direct any other comments or requests with respect to this application to the undersigned.

The Commissioner is authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 16-1435. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 2/27/04

By: 
John C. Alemanni (Reg. No. 47,384)
Attorney for Applicants

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